HEADACHES FROM EYE-STRAIN.—Dr. S. Weir Mitchell, *American Jour. of Medical Sciences*, April, 1876, calls attention to a class of cases which have been largely overlooked, in which very prominent and disturbing cerebral symptoms, especially headaches, are produced by ocular disorders and defects. He lays down the following propositions:

1. That there are many headaches which are due indirectly to disorders of the refractive or accommodative apparatus of the eyes.
2. That in these instances the brain symptom is often the most prominent, and sometimes the sole prominent symptom of the eye troubles, so that while there may be no pain or sense of fatigue in the eye, the strain with which it is used may be interpreted solely by occipital or frontal pain.
3. That long continuance of eye troubles may be the unsuspected source of insomnia, vertigo, nausea, and general failure of health.
4. That in many cases the eye trouble becomes suddenly mischievous owing to some failure of the general health, or to increased sensitiveness of brain from moral or mental causes.

Dr. Mitchell gives accounts of nine cases in which headache, vertigo, and other symptoms of cerebral disturbance were plainly due to ocular defects, and the consequent strain of the eyes in their use, and were relieved by proper appliances, glasses, etc., after the correct diagnosis had been made.

THE AETIOLOGY OF ANGINA PECTORIS.—According to G. Sée, (*La France Médicale*, November 26, et. seqr., 1876) angina pectoris is not a simple neurosis, but an affection depending upon ischæmia of the heart. As direct causes, we have especially mechanical alterations of the coronary arteries, next degeneration of the cardiac muscles, and in consequence dilatation of its cavities, inducing insufficient blood supply to the coronary arteries, and consequently to the heart. In a second series we have—but much more rarely—purely functional disturbances in the coronary arteries, as in smokers, hysterical patients, etc. It should be kept in mind that the majority of cases depend on an actual organic lesion. M. Sée explains all the phenomena of the attack, and the cause of death by this cardiac ischaemia. When the myocardium and the included terminations of the vagi suffer from an imperfect blood supply, pain will be produced, likewise the feeling of anguish experienced in this affection. This irritation of the sensory nerves causes, in a reflex way, an excitation of the motor branches of the vagus, which has as a result slowing of the pulse at the end of the attack, and the interruption of the cardiac contractions; an exhaustion of the vagus follows later, and we then have the final quickening of the pulsations. The painful irradiations in the shoulders, the arms, and other parts of the body, are explained by M. Sée by central propagation from the originally irritated nerves to various other sensory nerves. As regards therapeutics, he recommends subcutaneous injections of morphia during the attack, or clysters of two or three grammes (=36—45 grs.) of chloral hydrate Sp. Mindererus diluted with an equal portion of water, 6—8 grammes, have been of service in some cases. He has had no experience with amyl nitrite. In the intervals between the attacks, M. Sée directs the use of bromide of potassium and digitalis, prescribes quiet, and a temperate mode of life, forbids the use of tea, coffee, and tobacco, and of alcoholic drinks allows only a small quantity of wine.

THE PATHOLOGICAL INFLUENCES OF THE FIFTH NERVE. At the meeting of the Aberdeen Branch of the Brit. Med. Association, Mar. 1. (rep in *Brit. Med. Journal*, May 13) Dr. Davidson, of Aberdeen, read a communication in which he said he brought the subject under the notice of the members in the hope that, by suggestions or analogous cases being brought forward, a proper estimate might be formed of a curious factor in many pathological processes. The cases noted were those of morbid changes, occurring in the area of the fifth nerve, which seemed directly attributable to irritation of its terminal branches, causing various changes in nutrition, sensation and motility of the parts thus influenced. Case I. A woman aged 34, breaking wood with an axe three years ago, received a blow on the left side of the forehead from a splinter, which cut and bruised it considerably; almost immediately after vision began to fail, and when first seen, eighteen months afterwards, ophthalmoscopic examination discovered inflammation of the left optic nerve, and the light was only one-sixth normal. Treatment removed the inflammation, but optic atrophy remained, and she was practically blind on that side.

Case II. A woman, aged 40, struck her right forehead against a gas-bracket in the dark, wounding herself about an inch above the eyebrow. Almost immediately after this, the sight of the right eye began to decline, and, on being seen six weeks after the injury, the eye was found glaucomatous, with the tension increased; the pupil seemed dilated and fixed; accommodation was impaired and the anterior chamber was dimmed. Iridectomy was performed, and the sight improved from one-eighth to one-third.

Case III. A boilermaker, by falling into the ship's hold three years and a half ago, received a very severe and deep wound in the right eyebrow. The supra-orbital nerve must have been wounded, for he had a curious feeling from the brain to the crown of the head, "as if he had struck on the funny-bone;" and this increased on exposure to cold. Soon after, retino-choroiditis was discovered in the right eye, with the sight reduced to ¼. Six months ago, he was again seen and the sight was found quite lost. These three cases were similar in this, that irritation of the supra-orbital nerve, or its branches, by injuries, causes trophic changes in the textures within the eyeball; and there was reason to believe these arose from the reason above stated, and might involve the optic nerve and the choroid, aud produce changes in the intra-ocular pressure with its destructive results—in short, the nutrition of the whole globe. Besides these trophic changes, the wounding of the first division